


MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

January 12, 2010

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: CHARLES DUARTE, ADMINISTRATOR 

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 2100 – HOME AND COMMUNITY BASED WAIVER FOR
PERSONS WITH MENTAL RETARDATION AND RELATED CONDITIONS

BACKGROUND AND EXPLANATIONS

The State of Nevada Home and Community-Based Waiver (HCBW) for Persons with Mental Retardation and Related Conditions (Control Number 0125.R05.01) renewal effective October 1, 2008 unbundled existing waiver services. Several services including habilitation services provided at night, direct support management habilitation and day habilitation were previously bundled under one service of Supported Living Arrangement (SLA). Unbundling the waiver services allows for a more efficient audit trail of the specific services now available.

The Chapter 2100 changes clarify policy to indicate HCBW services complement and/or supplement the services available through the Medicaid State Plan and other Federal, state and local public programs as well as supports families and communities provide to individuals.

The Chapter 2100 changes also define the responsibility a parent and/or legal guardian has for the care of a minor child.

MATERIAL TRANSMITTED

MTL 01/10

CHAPTER 2100 HOME AND
COMMUNITY BASED WAIVER FOR
PERSONS WITH MENTAL
RETARDATION AND RELATED
CONDITIONS

MATERIAL SUPERSEDED

MTL 24/03

CHAPTER 2100 HOME AND
COMMUNITY BASED WAIVER FOR
PERSONS WITH MENTAL
RETARDATION AND RELATED
CONDITIONS

Throughout the chapter, the title for Waiver for Persons with Mental Retardation and Related Conditions was corrected and language modified to clarify existing policy.

Policy changes are described under applicable sections below.

Many sections are renumbered because the unbundling of services increased the number of services.

Sec. 2100

Grammar corrections and removal of reference to Nevada Check-Up as not applicable. No change to existing policy.

Sec. 2101

Language modification to clarify existing policy.

Sec. 2102.1 Through 2102.18

Added definition of Able - An able parent and/or legal guardian of a minor child, is legally responsible adult who has the option to be present in the home during the time necessary maintenance, health/medical care, education, supervision, support services, and/or the provision of ADLs and IADLs are needed.

Added definition of Capable - A capable parent and/or legal guardian of a minor child, is a responsible adult who is physically capable of carrying out necessary maintenance, health/medical care, education, supervision, support services, and/or the provision of needed ADLs and IADLs.

Added definition of Criminal Clearance - A criminal background check must be completed as a condition of employment. All providers and employees of both Divisions must have a State and Federal Bureau of Investigation (FBI) criminal history clearance obtained from the Central Repository for Nevada Records of Criminal History through the submission of fingerprints and receiving the results.

Added definition of Daily Service Record – The daily service record is documentation completed by a provider, indicating the type of service provided and the time spent. The documentation will include the recipient's initials with a full signature of the recipient at the bottom of each daily record. If the recipient is unable to perform this task due to intellectual and/or physical limitations, this will be clearly documented in the Individual Support (ISP). The direct service will initial after the daily services are delivered, with a full signature of the direct service staff at the bottom of each daily record.

Added definition of Individual Support Plan – The Individual Support Plan (ISP) is a document and working tool that identifies: the recipient's interests; personal goals; health and welfare needs; and agreed upon support services that are to be provided through: contracted providers; natural supports; and state plan services. The ISP is developed by the Regional Service Coordinators (Case Managers), in partnership with the recipient and their support team, who utilize approved assessment tools to identify the recipient's interests, personal goals, health status and current skills in order to determine the level and type of service and supports required to: adequately address health and welfare needs; promote skill acquisition and independence; and facilitate achievement of personal goals.

Added definition of Legally Responsible Adult; Legally Responsible Relative – Individuals, who are legally responsible to provide medical support, including; spouses of recipients, parents of minor recipients including adoptive parents, stepparents, foster parents, and legal guardians.

Removed Respite as no longer a covered service.

Language modification, revision for clarity and rearranged to maintain alphabetical order.

Sec. 2103.1

Language added to clarify existing policy. The target population for this waiver includes all individuals who are diagnosed with mental retardation or closely related condition and who have been found eligible and have an open case with an MHDS Regional Center. Individuals are eligible if they meet Medicaid eligibility criteria and are either in an ICF/MR facility or are at risk for ICF/MR placement without the provision of enhanced services and supports.

Sec. 2103.1A

Reworded for clarity.

Removed patient liability (PL), because Division of Welfare and Supportive Services (DWSS) maintains PL policy under Medicaid eligibility.

Language added to policy. If an applicant/recipient is determined eligible for more than one HCBW program, the individual can not receive services under two or more such programs at the same time. The applicant/recipient must choose one HCBW program and receive services provided by that program.

Language added to policy. An able and capable parent and/or legal guardian of a minor child, has a duty/obligation to provide the child necessary maintenance, health/medical care, education, supervision and support. Necessary maintenance includes but is not limited to, the provision of ADLs and IADLs. Payment will not be made for the routine care, supervision or services normally provided for the child without charge as a matter of course in the usual relationship among members of the nuclear family. Waiver services are not a substitute for natural and informal supports provided by family, friends or other available community resources; however, are available to supplement those support systems so the child is able to remain in their home. Allowance may be given in individual circumstances when there is no other responsible adult residing in the home and a parent or legal guardian's employment requirements result in prolonged or unexpected absences from the home (not to include voluntary overtime), or when such employment requirements require the parent or legal guardian to work uninterrupted at home in order to meet the requirement of his or her employer, or when employment requirements include unconventional work weeks or work hours.

Language added to policy. Legally responsible adults may not be reimbursed for HCBW services.

Sec. 2103.1B

Changed MHDS to DHCFF.

Sec. 2103.1C

Corrected Waiver for Persons with Mental Retardation and Related Conditions.

Sec. 2103.2

Language modification to clarify existing policy.

Sec. 2103.2A

Language modification to clarify existing policy.

Update list of services as approved in the waiver renewal October 2008:

1. Day Habilitation
2. Prevocational Services
3. Support Employment
4. Behavioral Consultation, Training and Intervention
5. Residential Habilitation, Direct Services and Support
6. Residential Habilitation, Direct Support Management
7. Community integration Services
8. Counseling (Individual and Group)
9. Non-Medical Transportation
10. Nursing Services
11. Nutrition Counseling Services

Sec. 2103.2B

Language modification and reworded areas to clarify existing policy.

Language added to existing policy. Waiver services furnished by relatives, who meet all certification, training and reporting requirements, may be reimbursed a maximum of 40 hours of direct services per week, per individual served, per household. Each Regional Center will monitor payment review procedures to ensure that the service for which payment have prior service authorization and has been rendered in accordance with the Individual Support Plan and the condition that the state has placed on the provision of such services.

Language added to existing policy. Each provider must maintain daily records, fully documenting the time spent and the services provided. The documentation will include the recipients' initials with full signature of the recipient at the bottom of each daily record. When the recipient is unable to perform this task due to intellectual and/or physical limitations this will be clearly documented in the Individual Support Plan (ISP). The direct service staff will initial after each service delivered with a full signature of the direct service staff at the bottom of each daily record.

Language added to existing policy. Prior authorization for waiver services is made through the written Individual Support Plan (ISP) and the service contracts (agreements) which reflect the ISP.

Sec. 2103.2C

Clarifies that the daily service record must be signed by the recipient unless unable to perform the task due to intellectual and/or physical limitations. No change to intent of existing policy.

Reworded areas to clarify existing policy.

Sec. 2103.3

Removed reference to Targeted Case Management (TCM) in title of section and removed several paragraphs explaining TCM because this policy is in MSM Chapter 2500. Added reference to MSM Chapter 2500.

Sec. 2103.4 Through 2103.14

Replaced prior services of Counseling Services; Community Day Habilitation; and Habilitative Residential Supports and replaced with the following eleven services:

Sec. 2103.4 DAY HABILITATION

Day habilitation services consist of a daily program of functional and meaningful activities that assist with the acquisition, retention or improvement in self-help, socialization and adaptive skills that takes place in a variety of day habilitation settings. Activities and environments are designated to foster the acquisition of skills, appropriate behavior, greater independence and personal choice.

Sec. 2103.4A COVERAGE AND LIMITATIONS

1. A person who receives day habilitation services may also receive supported employment and prevocational services. A person's support plan may include two or more types of non-residential habilitation services. Different services may not be billed during the same time period of the day.
2. Documentation must be maintained in the recipient's file that indicates this service is not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or IDEA.

Sec. 2103.4B PROVIDER RESPONSIBILITIES/QUALIFICATIONS

1. Provider Agencies:
 - a. All provider agencies/organizations providing day habilitation services must meet the requirements for Certificate of Qualification in accordance with NRS 435.230 to 435.320 all inclusive or meet equivalent standards of MHDS rules, regulations and standards and demonstrate a community need.
 - b. An employee of an agency that provides habilitation services and has met the requirements for certification under NRS and NAC 435 and/or MHDS policy must provide documentation to DHCFP to maintain approved provider status. MHDS verifies provider qualifications annually.
 - c. An employee of an agency must have a High School Diploma or equivalent; however this requirement may be waived with approval from MHDS.
 - d. An employee of an agency must have criminal clearance in accordance with MHDS and DHCFP policy.
 - e. Must meet all the requirements to be enrolled and maintain status as an enrolled Medicaid provider pursuant to Medicaid Services Manual (MSM) Chapters 100 and 2100, as applicable.
2. Individual Providers:
 - a. Individuals who provide habilitation services must meet the requirements for certification according to MHDS policy and provide required documentation to DHCFP to maintain approved provider status. MHDS will verify qualification annually.
 - b. Must have a High School Diploma or equivalent; however, this requirement may be waived with approval from MHDS.
 - c. Must have criminal background check in accordance with MHDS and DHCFP

policy.

- d. Must have the ability to implement the recipient's ISP.
- e. Must have the ability to communicate with and understand the recipient.

Sec. 2103.4C RECIPIENT RESPONSIBILITIES

Refer to section 2103.1C and 2103.2C.

Sec. 2103.5 RESIDENTIAL HABILITATION – DIRECT SERVICES AND SUPPORT

Residential Habilitation – Direct Services and Supports are designed to ensure the health and welfare of the recipients, and to assist in acquiring, retaining, and improving adaptive skills necessary to reside successfully in their community. These services are individually planned and coordinated, and described in the ISP. The ISP assures non-duplication of Direct Services and Support with other State Plan Services.

Sec. 2103.5A COVERAGE AND LIMITATIONS

1. Direct Services and Support staff are responsible for the implementation of ISP goals related to residential and community living. These supports include:
 - a. Adaptive skill development.
 - b. Facilitation of ADLs.
 - c. Facilitation of community inclusion.
 - d. Facilitation of IADLs to include teaching community living skills; interpersonal and relationship skills; choice making skills; social and leisure skills; budgeting and money management skills.
 - e. Providing assistance with self-administration of medication and medication administration (including the use of certified medication aides) that assist the recipient in the most integrated setting appropriate for his or her needs.
2. Direct Services and Support may be provided up to 24 hours a day based on the assessed needs of the recipient to ensure his or her health and welfare. Direct support hours must be provided in the least restrictive environment such that direct support hours must be shared by more than one recipient unless medical necessity requires the recipient receive one-to-one direct support hours.
3. Direct Services and Support staff are also responsible for:
 - a. Protective oversight and supervision to assure health and welfare.
4. Under this service category, the responsibility for the living environment rests with the service agency and encompasses a variety of Supportive Living Arrangements (SLAs).
 - a. Supported Living Arrangements are typically provided within a continuum of care that may include 24-hour services/supports with awake and/or sleep staff that is shared with four or fewer individuals and services based on individual level of care needs to assist in the acquisition, retention and improvement of skills

necessary to support the person to successfully reside in their community.

- b. Supported Living Arrangements with intermittent services are available to a recipient who may choose to live with a family member, in their own home or apartment and/or may share with roommates and access direct services, which may be provided in the home or community, with the goal of enhancing the recipients ability to be as self-sufficient as possible and utilize available community resources.
 - c. Host Home may be accessed for up to two younger recipients or more dependent recipients who desire or need a family living situation. Host Home providers are individuals who choose to have their home licensed and/or certified to care for individuals with mental retardation and related conditions. Recipients receiving services from Host Home providers can expect to be included in the Host Homes' family life and activities. Direct services/supports may be utilized to assist in the acquisition, retention or improvement of skills necessary to support the person to successfully reside in their community.
5. Individual SLA homes do not require state licensure; however, individual providers and provider agencies must be approved and certified by MHDS in order to render services to persons with mental retardation and related conditions.

Sec. 2103.5B PROVIDER RESPONSIBILITIES

- 1. Individual Providers – Provider Managed:
 - a. Employees of an agency providing direct services and support must be at least 18 years of age; however, this age requirement may be waived with MHDS approval.
 - b. Must be certified (including provisional certification) pursuant to NAC 435 and provide required information to DHCFP to maintain approved provider status.
 - c. Must have a High School Diploma or equivalent (may be waived with MHDS approval).
 - d. Must complete First Aid and CPR training/certification within 90 days of hire.
 - e. Must have criminal clearance in accordance with MHDS and DHCFP policy.
 - f. Must have the ability to implement the recipient's ISP.
 - g. Must have the ability to communicate with and understand the recipient.
 - h. Provider qualifications will be reviewed by MHDS on initial application, within the first year as part of certification review and at least every two years thereafter as part of re-certification review.
- 2. Agency Providers – Provider Managed:
 - a. Individuals providing direct services and support services must be at least 18 years of age; however, this age requirement may be waived with MHDS approval.

- b. Employees of an agency that provides direct services and support must be certified (including provisional certification) according to NAC 435 and provide the required information to Medicaid to maintain approved provider status.
- c. Must complete First Aid and CPR training/certification within 90 days of hire.
- d. Must have criminal clearance in accordance with MHDS and DHCFP policy.
- e. Must have a High School Diploma or equivalent. This requirement may be waived with MHDS approval.
- f. Must meet all the requirements to be enrolled and maintain status as an enrolled Medicaid provider pursuant to MSM Chapters 100 and 2100, as applicable.
- g. MHDS will verify provider qualification on initial application and provisional certification, within the first year as part of the QA review for certification and at least every two years thereafter as part of the re-certification QA review.

Sec. 2103.6 PREVOCATIONAL SERVICES

Prevocational Services are services that prepare recipients for paid or unpaid employment. Services must be reflected in the recipient's ISP and are directed to habilitation rather than explicit employment.

Sec. 2103.6A COVERAGE AND LIMITATIONS

- A. The prevocational services provided under this waiver are not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16) and (17)). Documentation will be maintained in the file of each individual receiving prevocational services that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.
- B. Services include teaching skills such as self-care, social skills, attendance, mobility training, task completion, self-direction, problem solving, and safety.
- C. Services are not job or task oriented, but instead, aimed at a generalized result. Services are reflected in the participants ISP and are directed to habilitation rather than explicit employment objectives.
- D. Recipients receiving prevocational services may also receive supported employment services. The recipient's service plan may include two or more types of non-residential habilitation services; however, different services may not be billed during the same time period of the day.
- E. When compensated, individuals must be adequately compensated and the compensation must be in accordance with applicable state and federal labor laws (NRS 433).

Sec. 2103.6B PROVIDER RESPONSIBILITIES/QUALIFICATIONS

Provider Agencies:

1. All provider agencies/organizations provided day habilitation services must meet the requirements for Certificate of Qualification in accordance with NRS 435.230 to 435.320, all inclusive or meet MHDS rules, regulation and standards and demonstrate a community need.
2. An employee of an agency that provides Prevocational services and has met the requirements for certification under NRS and NAC 435 and/or MHDS policy must provide documentation to DHCFP to maintain approved provider status. MHDS will certify provider qualifications annually.
3. An employee of an agency must have a High School Diploma or equivalent, however, this requirement may be waived with approval from MHDS.
4. Annual certification is required for certified centers meeting requirements under NRS and NAC 435.
5. Employees of an agency that provider's prevocational services must have criminal clearance in accordance with MHDS and DHCFP policy.
6. All providers must meet all requirements to enroll and maintain Medicaid provider status according to Medicaid Services Manual Chapters 100 and 2100, as applicable.
7. Must meet all conditions of participation according to Medicaid Services Manual Chapter 100, Section 102.1.

Sec. 2103.6C RECIPIENT RESPONSIBILITIES

Refer to Sections 2103.1C and 2103.2C

Sec. 2103.7 SUPPORTED EMPLOYMENT

Supported employment service is a combination of intensive ongoing supports and services that prepare recipients for paid employment.

Sec. 2103.7A COVERAGE AND LIMITATIONS

1. Supported employment is a combination of intensive ongoing supports that enable participants for whom competitive employment at or above minimum wage is unlikely or who may be able to work in a competitive work environment but who, because of their disabilities, need supports to perform in a work setting. Supported employment is conducted in a variety of settings, including enclaves at community businesses and work sites in which persons without disabilities are employed. Supported employment is conducted in a variety of settings, including enclaves at community businesses and work sites in which persons without disabilities are employed. Supported employment activities are designed to increase or maintain the recipient's skill and independence. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

2. The supported employment services furnished under this waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each individual receiving supported employment services that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.
3. Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
 - a. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
 - b. Payments that are passed through to users of supported employment programs; or
 - c. Payments for vocational training that is not directly related to an individual's supported employment program.
4. A recipient who receives supported employment services may also receive prevocational or day habilitation services. A recipient's service plan may include two or more types of non-residential habilitation services; however, different services may not be billed during the same time period of the day.

Sec. 2103.7C PROVIDER RESPONSIBILITIES/QUALIFICATIONS

4. Provider Agencies:

- a. All provider agencies/organizations providing supported employment services must meet the requirements for Certificate of Qualification in accordance with NRS 435.230 to 435.320, for certified centers meeting the requirements set forth in NRS and all inclusive or meet MHDS rules, regulations and standards and demonstrate a community need.

1. Annual certification is required NAC 435.

- a. Employees of an agency that provides supported employment services must meet the requirements for certification in accordance with NRS 435 and MHDS policy, and provide required documentation to DHCFP to maintain approved provider status.
- b. Must have a High School Diploma or equivalent; however, this may be waived with approval of MHDS.
- c. Must have criminal clearance in accordance with MHDS and DHCFP policy.
- d. Must meet all requirements to enroll and maintain enrolled Medicaid provider pursuant to DHCFP Medicaid Services Manual, Chapters 100 and 2100.

5. Individual Providers – Provider Managed:

- a. Individuals who provide supported employment services must meet the requirements for certification in accordance with NRS 435 and MHDS policy and provide required information to DHCFP to maintain approved provider status.
- b. Must have a High School Diploma or equivalent; however, this may be waived with approval of MHDS.
- c. Must have criminal clearance in accordance with DHCFP policy.
- d. Must have the ability to implement the recipient's ISP.
- e. Must have the ability to communicate with and understand the recipient MHDS will verify provider qualification on initial application and annually thereafter.

Sec. 2103.7C RECIPIENT RESPONSIBILITIES

Refer to Sections 2103.1C and 2103.2C.

Sec. 2103.8 BEHAVIORAL CONSULTATION, TRAINING AND INTERVENTION

Behavioral consultation, training and intervention services are intended for unpaid caregivers, paid direct services and/or day habilitation staff or other who provide direct care and supports to the individual. Behavior consultation, training and intervention services consist of functional support assessment, positive behavioral support plan development, training and support coordination for an individual and their team related to behavior that compromise an individual's quality of life. Factors that compromise an individual's quality of life include interfering with forming and maintaining relationships, community integration, activities of daily living, or activities that pose a health and safety risk to the individual or others. This does not include discrete trail training.

Consultation activities are provided by professionals in psychology and closely allied fields with expertise in functional assessment and the provision of positive behavioral supports.

Sec. 2103.8A COVERAGE AND LIMITATIONS

Behavioral consultation, training and intervention may be provided in the recipient's home, school, workplace, and in the community. The services include:

1. Assessment of the environmental factors that are precipitating a problem behavior.
2. Development of behavior support plan in coordination with the ISP team.
3. Consolation or training on how to implement positive behavior support strategies and/or behavior support plan.
4. Consultation or training on data collection strategies to monitor progress.
5. Monitoring of recipient and the provider(s) in the implementation and modification of the support plan, as necessary.

Sec. 2103.8B PROVIDER RESPONSIBILITIES/QUALIFICATIONS

1. Provider Agencies:

- a. Employees of behavioral provider agencies must have provisional or regular certification per NRS 435 and have a Bachelor's degree in psychology, special education or closely allied field plus at least one year professional clinical experience using behavior intervention and functional assessment procedures and developing, implementing, monitoring of behavior support plans in applied setting, or
- b. Master's degree in psychology, special education or closely related field with expertise in functional assessment and the provision of positive behavioral supports.
- c. Experience working with people with mental retardation or related conditions is preferred.
- d. Must have criminal clearance in accordance with MHDS and DHCFP policy.
- e. Must meet all requirements to enroll and maintain status as Medicaid provider pursuant to DHCFP Medicaid Services Manual, Chapters 100 and 2100, as applicable.
- f. MHDS will verify qualifications upon enrollment and annually thereafter.

2. Individual Providers:

- a. Bachelors degree in psychology, special education or closely allied field plus at least one year professional clinical experience using behavior intervention and functional assessment procedures and developing, implementing, monitoring of behavior support plans in applied settings, or
- b. Master's degree in psychology, special education or closely allied field with expertise in functional assessment and the provision of positive behavioral supports.
- c. Experience working with people with mental retardation or related conditions is preferred.
- d. Must have criminal clearance in accordance with DHCFP and MHDS policy.
- e. MHDS will verify qualifications prior to approval of initial provider agreement and annually thereafter.

Sec. 2103.8C RECIPIENT RESPONSIBILITIES

Refer to Section 2103.1C and 2103.2C.

Sec. 2103.9 COMMUNITY INTEGRATION SERVICES

Community integration services are based on a comprehensive assessment of the recipient's needs and desires related to community participation and their existing circle of support.

Sec. 2103.9A COVERAGE AND LIMITATIONS

Community integration services focus on assisting the recipient to join and participate in clubs,

organizations, teams or groups that are not specifically affiliated with the disability community.

Community Integration services include:

1. Through assessment of recipient skills, interests, and preferences;
2. Identification of integrated community resources, groups, clubs, teams or organizations where the recipient's interests, skills and preferences would be valued and shared;
6. Development of a community inclusion plan in the ISP, and;
7. Evaluation of the success of the community inclusion plan.

Sec. 2103.9B PROVIDER RESPONSIBILITIES/QUALIFICATIONS

1. Agency Providers:

- a. Employee of an agency that provides community integration services must meet the requirements for certification (including provisional certification) or Certificate of Qualifications in accordance with NRS 435 and MHDS policy.
- b. Must have proof of specialized training and experience with methods of enhancing community connections (that is, workshops, assessments, development and implementation of plans for social integration) or certification in community integration service by MHDS.
- c. Must have knowledge of community resources and groups.
- d. Must follow all MHDS policies and procedures and provide required information to DHCFP to maintain approved provider status.
- e. Must have High School Diploma or equivalent.
- f. Must complete First Aid and CPR training/certification upon 90 days of hire.
- g. Must have criminal clearance in accordance with MHDS and DHCFP policy.
- h. Must meet all requirements to be enrolled and maintain status as an enrolled Medicaid provider pursuant to DHCFP Medicaid Services Manual Chapters 100 and 2100, as applicable.
- i. MHDS will verify provider qualification annually.

2. Individual – Provider Managed:

- a. Proof of specialized training and experience with methods of enhancing social capital (that is, workshops, assessments, development and/or implementation of plans for social integration).
- b. Must have knowledge and awareness of community resources and groups.

- c. Must comply with all MHDS policies and procedures.
- d. Must have High School Diploma or equivalent.
- e. Must complete First Aid and CPR training/certification upon 90 days of hire.
- f. Must have criminal clearance in accordance with MHDS and DHCFP policy.
- g. Must have the ability to implement the recipient's ISP.
- h. Must have the ability to communicate with and understand the recipient.
- i. MHDS will certify provider qualification annually.

Sec. 2103.10 COUNSELING SERVICES

Sec. 2103.10A COVERAGE AND LIMITATIONS

Counseling services provide assessment, support and guidance for waiver participants and/or unpaid caregiver or family members in problem identification and resolution in areas of personal adaptation including interpersonal relationships, self-esteem, community participation, independence, families, friends, work, and psycho-social challenges. These services are provided based on the participant's need to assure his or her health and welfare in the community. Counseling services may include:

- a. Individual counseling;
- b. Group or family counseling;
- c. Psychological consultation to include the development of therapeutic intervention strategies;
- d. Skill development and psycho-social education in social interaction, sexuality issues, anger management, problem solving, or other areas to reduce stress and enhance success in the community.

Sec. 2103.10B PROVIDER RESPONSIBILITIES/QUALIFICATIONS

1. Individual Provider – Level 1:

- a. All persons providing services under this category must have graduated from an accredited college or university with a Master's degree in a two year curriculum in counseling, marriage and family therapy, psychology, social work or a closely allied academic field. A closely allied field is licensed by the state by appropriate categories. A graduate level intern supervised by a licensed clinician or mental health counselor may provide these services.
- b. Professional experience in a setting serving persons with mental retardation is preferred.
- c. Criminal clearance in accordance with MHDS and DHCFP policy.
- d. Meets all conditions of participation in the Medicaid Services Manual Chapter 100, Section 102.1.

- e. MHDS will verify provider qualifications upon enrollment and prior to expiration of the license; the provider will send a copy of the current license to MHDS/FMS as appropriate.
2. Individual Provider – Level 2:
- a. A graduate level intern who is enrolled in a Master's level program at an accredited college or university that provides at least a two-year curriculum in counseling, marriage and family therapy, psychology, social work or a closely allied academic field or a doctor level program in a clinical field.
 - b. Supervision by licensed clinical or mental health counselor (professional experience in a setting serving persons with mental retardation is preferred).
 - c. Criminal clearance in accordance with MHDS and DHCFP policy.
 - d. MHDS will verify provider qualifications upon enrollment and at least annually. Provider must show proof of completion of a master's level program or enrollment as a graduate intern, and identification of supervisor/verification of license.

Sec. 2103.10 RECIPIENT RESPONSIBILITIES

Refer to section 2103.1C and 2103.2C.

Sec. 2103.11 RESIDENTIAL HABILITATION – DIRECT SUPPORT MANAGEMENT

- 1. Direct Support Management staff will assist the recipient in managing their supports within the home and community settings. This includes:
 - a. Assisting the person to develop his or her goals;
 - b. Scheduling and attending Individual Support Planning (ISP) meetings;
 - c. Developing action/service plans as determined in the recipient's ISP and train residential habilitation direct services and support staff in their implementation and data collection;
 - d. Assisting the person to apply for and obtain community resources and benefits such as Medicaid, SSI, SSDI, HUD, Food Stamps, housing, etc.;
 - e. Assisting the recipient in locating residences;
 - f. Assisting the person in arranging for and effectively managing generic community resources and informal support;
 - g. Assisting the person to identify and sustain a personal support network of family, friends, and associates;
 - h. Providing problem solving and support with crisis management;
 - i. Supporting the recipient with budgeting, bill paying, and with scheduling and

keeping appointments;

- j. Observing, coaching, training and providing feedback to direct service staff to ensure they have the necessary and adequate training to carry out the supports and services identified in the ISP;
 - k. Following up with health and welfare concerns and remediation of deficiencies;
 - l. Completing required paperwork on behalf of the recipient (as needed);
 - m. Making home visits to observe the recipient's living environment to assure health and welfare; and
 - n. Providing information to the Service Coordinator (Targeted Case Manager) to allow evaluation and assurance that support services provided are those defined in the ISP and are effective in assisting the recipient to reach his or her goals.
2. Direct Support Managers must work collaboratively with the recipient's Service Coordinator (or TCM).
3. Direct Support Management services provided in this waiver is different from the State Plan TCM, each having a distinct role and purpose in supporting individuals, and no duplication of payments will be made.

Sec. 2103.11B PROVIDER RESPONSIBILITIES/QUALIFICATIONS

Agency Providers:

- a. Employees of an agency that provides direct support management services must be at least 18 years of age;
- b. Must be certified (including provisional certification according to NAC 435) and provide required information to DHCFP to maintain approved provider status;
- c. Must have a High School Diploma or equivalent and two years experience providing direct service in a human services field and under the direct supervision/oversight of a QMRP or its equivalent, or;
- d. Completion of Bachelor's degree from an accredited college or university in psychology, special education, counseling, social work, or closely allied field;
- e. Must have criminal clearance in accordance with MHDS and DHCFP policy;
- f. Meet all requirements to enroll and maintain status as an enrolled provider pursuant to DHCFP MSM Chapters 100 and 2100, as applicable;
- g. MHDS will verify Direct Service and Support staff qualification upon application for enrollment for provisional certification and within the first year of enrollment as part of initial Quality Assurance certification review. Verification will occur at least every two years thereafter as part of re-certification review.

Sec. 2103.11 CRECIPIENT RESPONSIBILITIES/QUALIFICATIONS

Refer to Sections 2103.1C and 2103.2C.

Sec. 2103.12 NON-MEDICAL TRANSPORTATION

Sec. 2103.12A COVERAGE AND LIMITATIONS

1. Non-medical transportation service is offered in this waiver to enable waiver recipients to gain access to waiver and other community services, activities and resources that were identified in the recipients Individual Support Plan. Non-Medical Transportation Service enables individuals to participate in work, volunteer at sites or homes of family or friends; civic organizations or social clubs; public meetings or other civic activities and spiritual activities or events. Whenever possible, family, neighbors, friends, or community agencies can provide this service without charge is utilized. This service is offered in addition to the medical transportation services offered under the Medicaid State Plan.
2. Non-medical transportation services under this waiver must be described or identified in the recipient's Individual Support Plan and pre-authorized before the service is utilized. Whenever possible, family, neighbors, friends or community agencies which can provide this service without charge must be utilized.

Sec. 2103.12B PROVIDER RESPONSIBILITIES/QUALIFICATIONS

Agency Provider – Provider Managed:

- a. An employee of an agency must have a valid Nevada Driver's License.
- b. An agency must have uninterrupted liability insurance per Nevada State Risk management specification and MHDS policy; automobile insurance, per State of Nevada requirements including all automobiles owned and leased by the agency; and assurance of routine vehicle safety and maintenance inspection on file.
- c. An employee of an agency that provides direct support services must be certified (including provisional certification) in accordance with NAC 435 as a Supported Living Provider.
- d. Must have criminal clearance in accordance with MHDS and DHCFP policy.
- e. Must meet all requirements to be enrolled and maintain status of an enrolled Medicaid provider pursuant to MSM Chapters 100 and 2100, as applicable.
- f. Must meet all conditions of participation in MSM Chapter 100, Section 102.1.
- g. MHDS will verify provider qualification prior to approval of initial provider agreement and annually thereafter.

Sec. 2103.12C RECIPIENT'S RESPONSIBILITIES

Refer to Sections 2103.1C and 2103.2C.

Sec. 2103.13 NURSING SERVICES

Nursing Services provide routine medical and health care services that are integral to meeting the

recipient's daily needs, such as routine medication administration, tending to the needs of recipients who are ill or require medical attention on an ongoing basis. Nursing services are long term, occur at least monthly, and are necessary to maintain or improve the individual's general health and welfare in the community.

Nursing Services may include medication administration, assessment (including annual nursing assessment), the development of a treatment/support plan, training and technical assistance, monitoring the individual and provider in the implementation of the plan, and documentation of outcomes. Services may be delivered in the recipient's home, day program, or in other community settings. Services may also include referrals to Home Health Care or other medical providers for specific action or treatment under the Medicaid State Plan.

Sec. 2103.13A COVERAGE AND LIMITATIONS

1. Routine nursing services are services within the Scope of the Nevada Nurse Practice Act.
2. Services must be provided by a registered nurse (RN) or licensed practical nurse (LPN) under the supervision of a RN who is licensed to practice as a nurse in the State of Nevada.
3. Nursing Services may include:
 - a. Medication administration.
 - b. Assessments (including nursing assessment).
 - c. Development of treatment plan or support plan.
 - d. Training and technical assistance for paid support staff to carry out treatment plan or support plan.
 - e. Monitoring of the recipient and the provider in the implementation of the plan and documentation of outcomes.
 - f. Referrals to Home Health care or other medical providers for certain treatment procedures covered under the Medicaid State Plan.
4. Nursing services may be provided in the recipient's home, day program, or in other community settings as described in the Service Plan.
5. Medical and health care services such as physician services that are not routinely required to meet the daily needs of waiver recipients are not covered under this service. Nursing services provided in this waiver will not duplicate the nursing services covered under the Medicaid State Plan.

Sec. 2103.13B PROVIDER QUALIFICATIONS/RESPONSIBILITIES

1. Individual Provider – Level
 - a. Registered Nurse in accordance with NRS 632 licensing requirements.
 - b. Must have criminal clearance in accordance with MHDS and DHCFP policy.

2. Individual Provider – Level 2:

- a. Licensed Practical Nurse under the supervision of a RN in accordance with NRS 632 licensing requirement.
- b. Must have criminal clearance in accordance with MHDS and DHCFP policy.
- c. MHDS will verify provider qualification (Level 1 and 2) upon enrollment and every two years thereafter. FMS will verify provider qualifications for providers under self-directed services upon enrollment and annually thereafter. Provider will send a copy of the current license to MHDS/FMS as appropriate.

3. Agency Providers:

- a. Employees of a Home health Agency, Nursing Registry, or private service providers must be a Registered Nurse in accordance with NRS 632.
- b. Must have criminal clearance in accordance with MHDS and DHCFP policy.
- c. A Licensed Practical Nurse must be under the supervision of a RN in accordance with NRS 632 licensing requirements.
- d. Must meet all requirements to be enrolled and maintain Medicaid provider status pursuant to MSM Chapters 100 and 2100, as applicable.
- e. Must meet all conditions of participation in MSM Chapter 100, Section 102.1.

MHDS will verify provider qualifications upon enrollment and annually thereafter.

Sec. 2103.13 RECIPIENT'S RESPONSIBILITIES

Please refer to Sections 2103.1C and 2103.2C.

Sec. 2103.14 RECIPIENT'S RESPONSIBILITIES

Please refer to Sections 2103.1C and 2103.2C.

Sec. 2103.14 NUTRITION COUNSELING SERVICES

Nutrition counseling services in clued assessment of the recipient's nutritional needs, development and/or revision of recipient's nutritional plan, counseling and nutritional intervention, observation and technical assistance related to successful implementation of the nutritional plan.

Sec. 2103.14A COVERAGE AND LIMITATIONS

1. Training, education and consultation for recipients and their families or support staff involved in the day-to-day support of the recipient.
2. Comprehensive assessment of nutritional needs.
3. Development, implementation and monitoring of nutritional plan incorporated in the ISP, including updating and making changes in the ISP as needed.
4. Assist in menu planning and healthy menu options.
5. Provide quarterly summaries of progress on the nutritional plan.

Sec. 2103.14B PROVIDER QUALIFICATIONS/RESPONSIBILITIES

1. Individual – Provider Managed:

- a. Registered Dietician as certified by the American Dietetic Association.
- b. Must have criminal clearance in accordance with MHDS and DHCFP policy.
- c. MHDS will verify provider qualification upon enrollment and annually thereafter for self-directed services, and prior to approval of initial provider agreement and every three years for provider-managed individuals.

2. Agency Providers:

- a. Registered Dietician by the American Dietetic Association.
- b. Must have criminal clearance in accordance with MHDS and DHCFP policy.
- c. Must meet all requirements to be enrolled and maintain Medicaid provider status pursuant to MSM Chapters 100 and 2100.

Sec. 2103.15

Language modification to clarify existing policy listed previously under 2103.7 and 2103.8.

Sec. 2103.16

Language modification to clarify existing policy listed previously under 2103.8A.

Sec. 2103.17

Language modification to clarify existing policy listed previously under 2103.9.

Sec. 2103.18

Policy previously under 2103.11 now under 2103.18 – no changes to policy.

Prior 2103.10

Advance Directives removed as included in MSM Chapter 100.

Sec. 2103.19

Language modification to clarify existing policy listed previously under 2103.12.

Sec. 2103.20

Language modification to clarify existing policy listed previously under 2103.13.

Sec. 2104 Through 2104.2

Changed Medicaid to DHCFP and other minor language modifications to clarify existing policy.

Sec. 2104.3

Added to c, “Home and Community based services are not a substitute for natural and informal supports provided by family, friends or other available community resources.”

Minor language modification to clarify existing policy.

Sec. 2104.4

Changed for being mentally retarded to of mental retardation under a.

Added to c, ““Home and Community based services are not a substitute for natural and informal supports provided by family, friends or other available community resources.”

Sec. 2104.5

Added “The recipient’s parent and/or legal guardian is responsible for the maintenance, health care, education and support of their child” and “Payments for services provided by relatives, who are not the legally responsible adult, are limited to 40 hours per week, per individual served, per household” as two additional reasons for reduction of waiver services. Capitalized Medicaid Waiver Unit.

Sec. 2104.6

Updated Section references and changed Medicaid to DHCFP.

Sec. 2104.5

Added referenced to Chapter 2500 Case Management and removed references to Chapter 3600 Managed Care Organization and Chapter 3700 Nevada Check Up.

Sec. 2105.1

Updated contact information and removed Fallon office and First Health email as no longer applicable.